

Name in Full

Certificate of Death

*John Butler*

Town *near Bladensburg* County *Prince Geo Co.* MARYLAND

Died at *near Bladensburg* *Prince Geo Co.* MARYLAND

Date 19 *02* *Sept* *29* Y. *18* M. *18* D. *18* Native of *don't know* Occupation *laborer*

Male *White* Married *Widow* Divorced *Number of children living*

Female *Colored* Single *Widower*

Husband of *don't know*

Wife of *don't know*

Father's Name *don't know* Mother's Maiden Name *don't know*

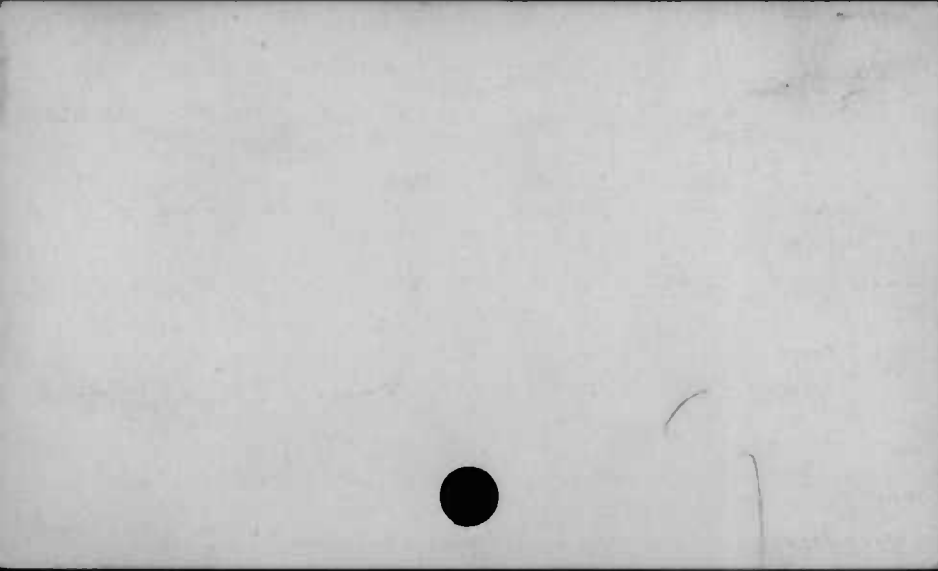
Cause of Death { Primary *from natural causes 179* Immediate *Verdict of Coroner Jury* How long sick *179* Accident, Suicide, Homicide

Reported by *Augustus H. Dahler J.P. Acting Coroner*

Address *Bladensburg Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78895



Name in Full

Certificate of Death

Riviera Butler

Town

County

Died at

MARYLAND

Date 1902 Sept 7 Y. M. D. Age 6 Native of red Occupation house

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single Widower Number of children living

Husband of

Wife

Father's supposed to be Mother's Butler

Name John Lamb Maiden Name 179

Cause of Primary

Death Immediate

How long sick

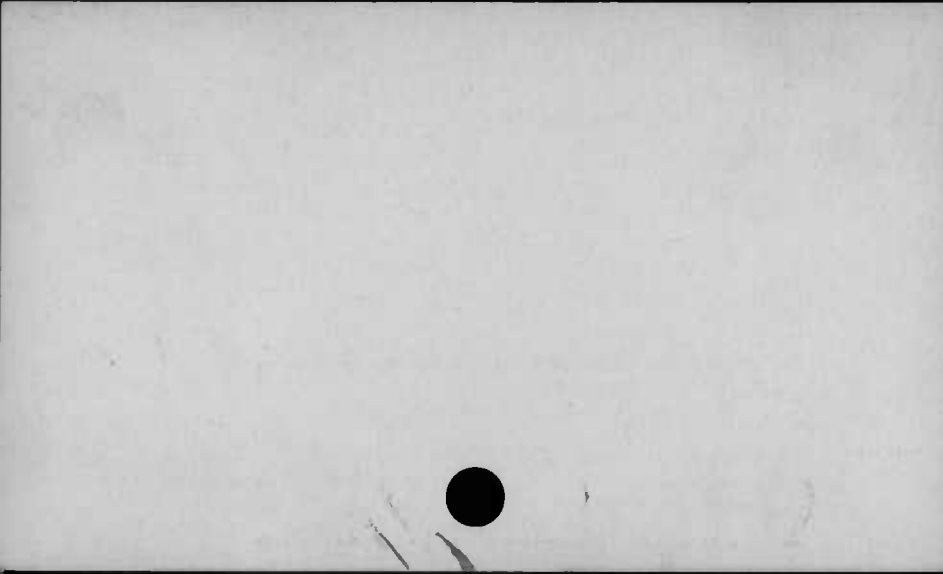
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name in Full

Certificate of Death

Agnes Chase

Town

County

Died at

mitchellsville P. H. Co.

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Sep 24

Age

6 - - - P. H. Co.

child

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of  
WifeFather's  
Name

Joseph Chase

Mother's  
Name

Cornelia Fletcher

Cause of

Primary

Consumption

How long sick

about 1 year

Death

Immediate

Accident, Suicide, Homicide

Reported by

John P. Chase

Address

mitchellsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1902



Name in Full

Certificate of Death

John Chute

Town

County

P. Geo. Co-

MARYLAND

Died at

Date 189

902 Sept. 2

Age

55

Native of

N. Y.

Occupation

Common

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Ann Chute

Father's

Mother's

Name

Name

Cause of

Primary

Pulmonary Tuberculosis

How long sick

6 mo

Death

Immediate

Acute

Congestion

Accident, Suicide, Homicide

Reported by

P. A. Fyler, Jr.

Address

Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965

Bury at St Barnaby

Sept 14<sup>th</sup> 1912

Wm Geo F Munnay



Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Month

Day

Yr

M.

D.

Native of

Occupation

Date 19

02

Sept 19

Age

4

M. d.

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

3 months

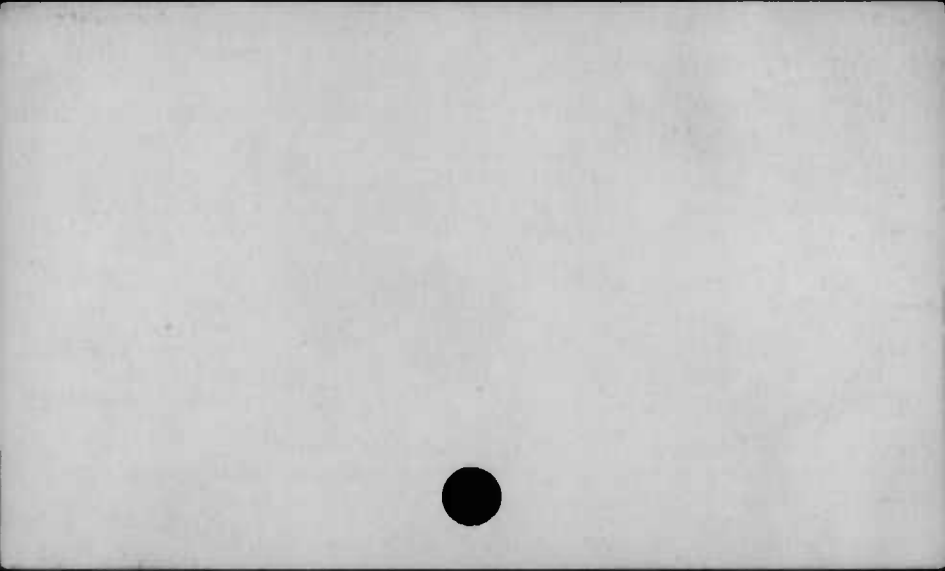
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70598



Name In Full *Mrs. Ellen Demar (Mrs. Oliver Demar)* Certificate of Death

Died *near Aquasco* Town *Prince George* County *MARYLAND*  
Date 1902 *Sept. 25* Month *Sept.* Day *25* Y. *30* M. *30* D. *30* Native of *Maryland* Occupation *Housewife*  
~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~  
*Female* ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *6*

Husband of *Oliver Demar*

Wife  
Father's Name  
Mother's Maiden Name

Cause of Death { Primary *Phthisis Pulmonary & Laryngeal* How long sick *20 or 25 years*  
Immediate *Laryngeal obstruction* Accident, Suicide, Homicide

Reported by *Wm A. Murbery M.D.*  
Address *Aquasco, Maryland.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

129

Name in Full

Certificate of Death

*E. Roy E Dove*  
 Died at *Forestville* Town *Prince Geo's* County *MARYLAND*

Date 19 *02* Month *Sept* Day *3* Y. *13* M. *10* D. *md* Native of *md* Occupation *\_\_\_\_\_*  
 Male *White* ~~Married~~ *Widow* ~~Divorced~~  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband  
of  
Wife

Father's Name *Geo S Dove* Mother's Maiden Name *Alice Sausbury*

Cause of *Dysphoid fever* How long sick *3 weeks*  
 Death *Peritonitis* ~~Accident, Suicide, Homicide~~

Reported by *John E. Sausbury*  
 Address *Forestville Maryland.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

*Ruth E. Duckett*  
 Town *Baltimore* County *Pr. Geo.* MARYLAND

Died at *Baltimore* Month *Sept.* Day *3* Y. *4* M. *—* D. *—* Native of *D.C.* Occupation

Date 19 *02* Age *— 4 —*

<del>Male</del>	White	Married	Widow	Divorced
Female	<del>Colored</del>	Single	Widower	Number of children living

Husband of  
 Wife

Father's Name  
 Mother's Maiden Name

Cause of Death	Primary	<i>105</i>	How long sick
	Immediate		Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full		Annie F. Franklin				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Lewesville	County Prince Geo.	MARYLAND		
		Date of death 1902		Month Sept.	Day 12	Age 70	Months	Days
		Sex Female		Color or Race Colored		Birth-place Md.		
		Married, Single or Widowed Married		Occupation Housewife				
		Name of Wife or Husband						
		Father's Name Jim Green				Father's Birthplace Md.		
		Mother's Maiden Name Harriet Green				Mother's Birthplace "		
		Name of person giving information Jim Franklin				How related to deceased Husband		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary Carcinoma			How long About 1 yr.			
		Immediate Prostration			How long 45			
		Are the name, age, sex, color, date and place correctly given above? Yes.			Signature of Physician H. T. Brown			
					Address Burch Mills Md.			
		Accident or Suicide?						



Name  
in  
Full

## CERTIFICATE OF DEATH

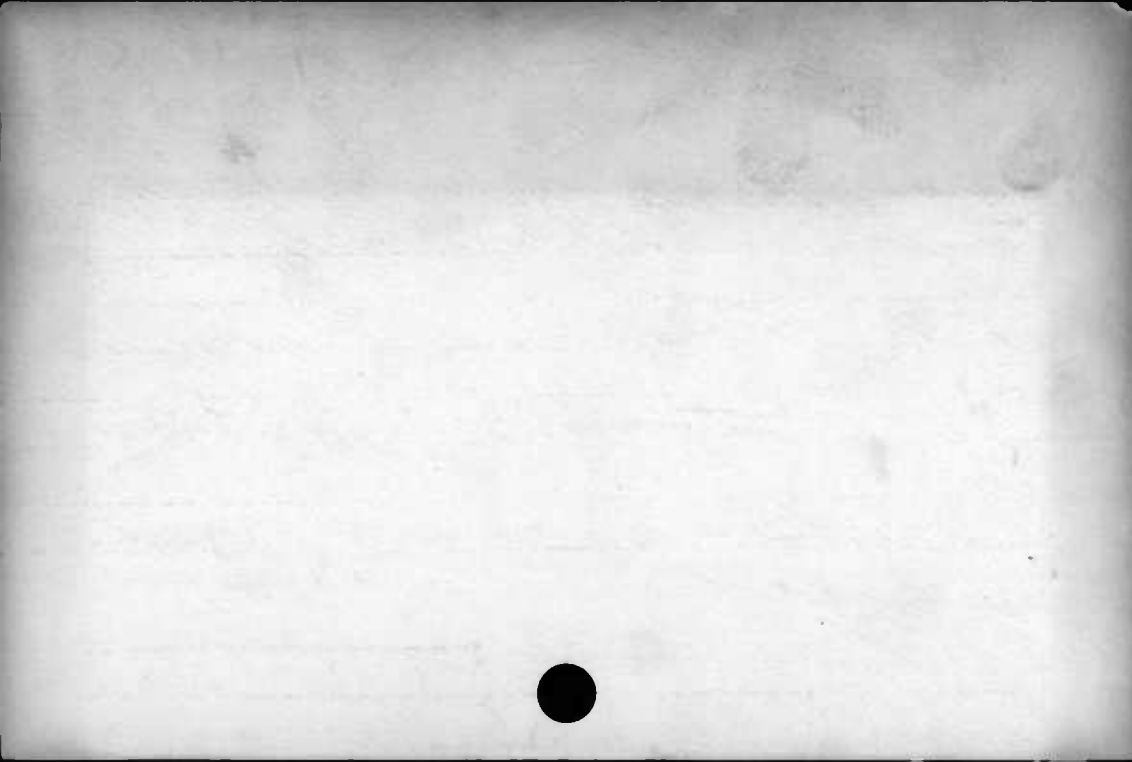
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John E Green</i>		Town <i>Dorrestville</i>		County <i>Cruice Guos</i>		MARYLAND	
Died at		Date of death 190 <i>2</i>		Month <i>Sept</i>		Day <i>23</i>	
Age <i>22</i>		Years		Months		Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Marshall Va</i>			
<del>Married</del> , Single		Occupation <i>Laborer</i>					
Name of Wife or Husband							
Father's Name <i>H. H. Green</i>				Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>M. E. Day</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Father H H Green</i>				How related to deceased <i>Father.</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid fever and Pneumonia</i>	How long	<i>2 months</i>
Immediate	<i>Tuberculosis</i>	How long	<i>10 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John E. Causton</i>	
		Address <i>Dorrestville Md.</i>	
Accident or Suicide?			



Carry Hall

Died at Bowie <sup>Town</sup> Prince George <sup>County</sup> MARYLAND

Date 19 02 Sept 29 <sup>Month</sup> <sup>Day</sup> <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> Age 75 <sup>Native of</sup> Maryland <sup>Occupation</sup>

~~Male~~ ~~Female~~ ~~Married~~ ~~Widow~~ ~~Single~~ ~~Colored~~ ~~Widower~~ ~~Number of children living~~ 0

Husband of Isaac Hall

Wife

Father's Name Johnnie Bowie <sup>Mother's</sup> Nancy Bowie <sup>Maiden Name</sup>

Cause of Primary ac docarditis <sup>How long sick</sup> one week

Death Immediate <sup>Accident, Suicide, Homicide</sup>

Reported by Nelson A. Ryan m d

Address Bowie md



Name in Full

Certificate of Death

Rhodie H. Harman

Town

County

MARYLAND

Died at

Tuxedo.

Prince Geo.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 Sept-6

Age

15 - -

M.d.

None.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widowed

Number of children living

Husband  
of  
Wife

Father's

Mother's

Name

August R Harman

Maiden Name

Violetta Haller

Cause of

Primary

Diphtheria

How long sick

37 weeks

Death

Immediate

Complications of throat

Accident, Suicide, Homicide

Reported by

J. B. Richardson

Address

Negatastville

Tuxedo.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Bladenburg  
Cemetery



Mary Hawkins

Town

County

Died at

Landover

Prince Georges

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Sept 9

Age 86

--

No.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

1

Husband of

Wife

Father's

Name

Mother's

Maiden Name

David Helling

Elisbeth Helling

Cause of

Primary

Exhaustion from old age

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

H. A. Richardson

Bryantsville

Md.

154

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mrs Hunter 5-12 R st 1874

O. Winters  
Bladenburg  
Cemetery

Name in Full

Certificate of Death

Mary Milbrook

Town

Lanval

County

Prince Georges

MARYLAND

Died at

Date 1902

Month

Sept.

Day

5th

Y.

M.

D.

Age

24

Native of

Md.

Occupation

Worked in factory

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband  
of

Wife

Father's

Name

John Milbrook

Mother's

Maiden Name

Lena Milbrook

Cause of

Primary

Typhoid fever

How long sick

14 days.

Death

Immediate

Septicemic hemorrhage

Accident, Suicide, Homicide

Reported by

Dr. Rynd

Address

Lanval, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



21

Name in Full

Certificate of Death

John T. Mullikin

Town

County

MARYLAND

Died at

Meadows Pr Geo

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

Sep 14

Age

62

Md

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

6

Husband

of

Wife

Sophia Mullikin

Father's

Mother's

Name

Benj Mullikin

Maiden Name

King

Cause of

Primary

Cancer of Throat

How long sick

1 yr

Death

Immediate

Exhaustion

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

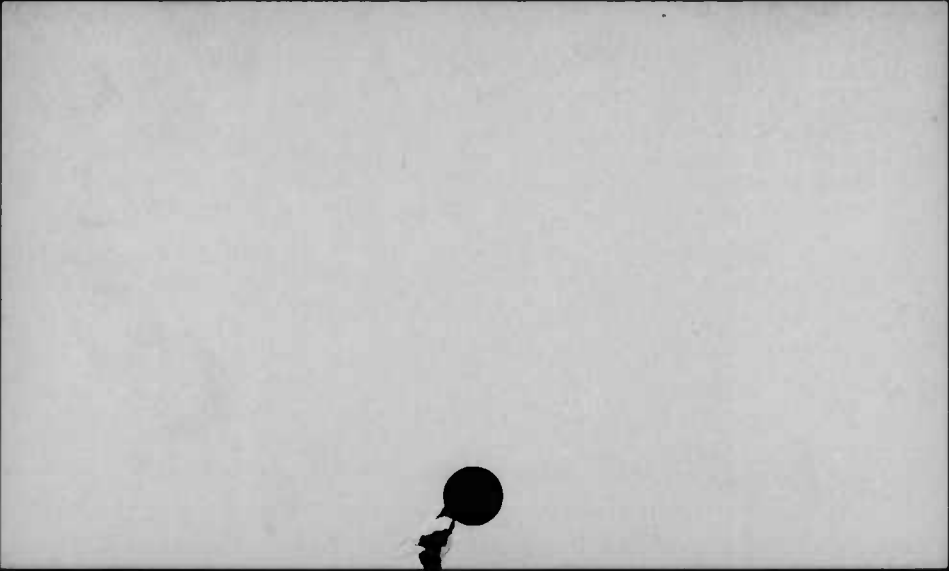
Dr L A Griffith 39

Address

Upper Meadows

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79606



Died at

James H. Moulden

Town

County

Accokeek

Prince Georges

MARYLAND

Date 19

2

- 9 - 4

Age

78

Y.

M.

D.

Native of

Md

Occupation

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

8

Husband

of

~~Wife~~

Father's

Name

Ann R. Whitman

James Moulden

Mother's

Maiden Name

Martha Scroggin

Cause of

Primary

How long sick

8 mo

Death

Immediate

Nursing of liver

~~Accident, Suicide, Homicide~~

Reported by

E. S. Gantt M. S.

Address

Piscataway Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Alice Plater

Town

County

MARYLAND

Died at

Sandown

Pr. Ches.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 199

1912

Sept. 8

Age

H

Md.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Mother's Name

Geny. Plater

Fanny Plater

How long sick

Cause of

Primary

Marasmus

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. A. Richardson M.D.

Address

The Altitude Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Mary Ann Proctor*  
 Died at *Mt. Calvert Prince George* MARYLAND  
 Date 19*02* *Sept. 3* | Age *64* | Native of *Chas Co.* | Occupation *Housewife*  
~~Male~~ *White* | Married | ~~Widow~~ *Divorced* | Number of children living *1*  
 Female | Colored | ~~Single~~ | ~~Widower~~  
 Husband of *Alfred Proctor*  
~~Wife~~  
 Father's Name *Harry Proctor* | Mother's Name *Ann Proctor*  
 Cause of Death { Primary *Diarrhea.* | Immediate | How long sick *two weeks*  
 106 | ~~Accident, Suicide, Homicide~~  
 Reported by *Pawling Bros. Androlotum.*  
 Address *Northkeys Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mrs Ida Ricko

Died at Bellsville <sup>Town</sup> Prince Georges <sup>County</sup> MARYLANDDate 1902 Sept 27 <sup>Month Day</sup> Age 45.3 <sup>Y. M. D.</sup> Native of Ma <sup>Occupation</sup> Housewife☒ Male

White

Married

Widow

Divorced

☐ Female

Colored

Single

Widower

Number of children living

Eight

Husband of

Wife

Father's

Name

John Ricko

Mother's

Maiden Name

Marcellus Wilson  
Mary Wilson

Cause of

Primary

Ana carca

How long sick

3 Weeks

Death

Immediate

Cardiac Proseyn

Accident, Suicide, Homicide

Reported by

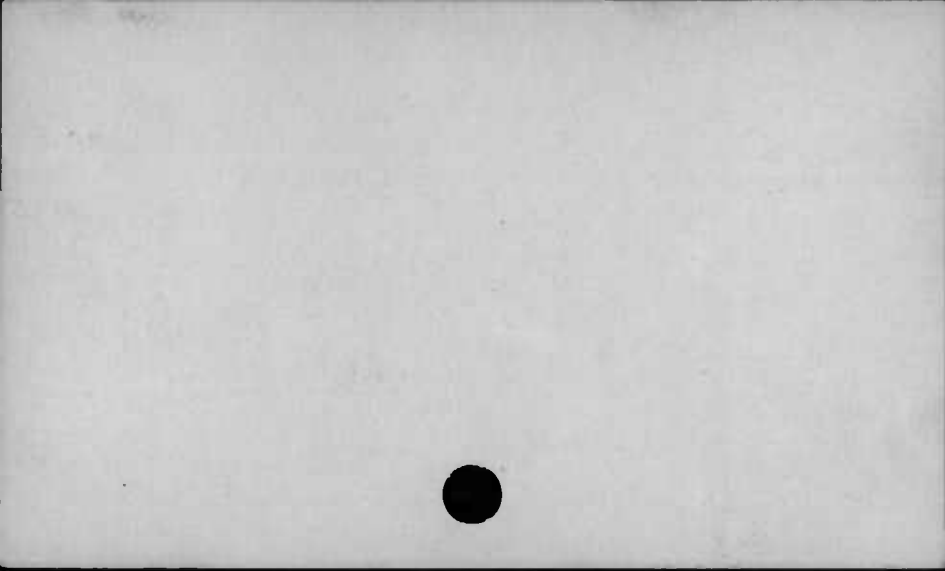
C A Fox

Address

Bellsville Prince Georges Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name in Full

Certificate of Death

Lee Sakers (Child still born)

Died at Sausal <sup>Town</sup> Prince <sup>County</sup> Geo. <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> MARYLAND <sup>Occupation</sup>

Date 19 2 <sup>Month</sup> Sept. <sup>Day</sup> 4 <sup>Age</sup>  
 Male White Married Widow Divorced  
Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Lee Sakers

Mother's Name Ann Harrison

Cause of Death { Primary Still born.

How long sick

Death { Immediate

Accident, Suicide, Homicide

Reported by

J. M. Ryerly

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Ernest Sheppard

Died at Woodmore Town Prince George Co. County MARYLAND

Date 1907. Month Sept. Day 23rd Y. 18 M. months Native of Md. Occupation \_\_\_\_\_

☒ Male ☐ Female ☐ White ☒ Colored ☒ Married ☐ Single ☐ Widow ☒ Divorced ☒ Number of children living 1

Husband ☒ of  
Wife ☒

Father's Name Thomas Sheppard Mother's Maiden Name 76

Cause of Death { Primary Septic meningitis, the result of aural abscess. Immediate \_\_\_\_\_

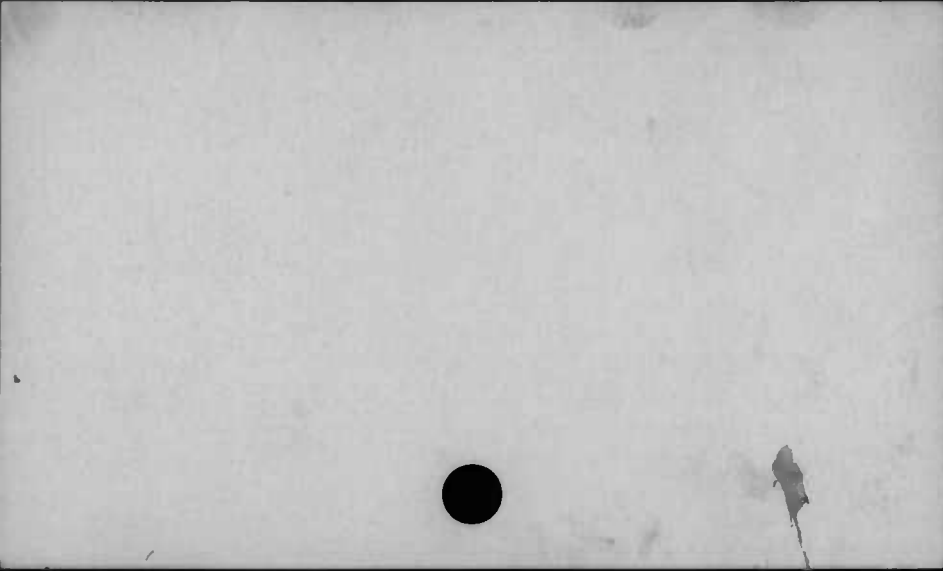
How long sick Three weeks

Accident, Suicide, Homicide \_\_\_\_\_

Reported by Brig. L. Bird, M.D. per. Gustavus Bird M.D.

Address Leland P.O. Co, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*A. L. Stenness*  
 Town *Marabow* County *Ar Geo* MARYLAND

Died at *Marabow*

Date 19 *2* *Sept* *21* Age *31* Y. M. D. *Mid* Occupation *Cook*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Divorced ☐ Number of children living *2*

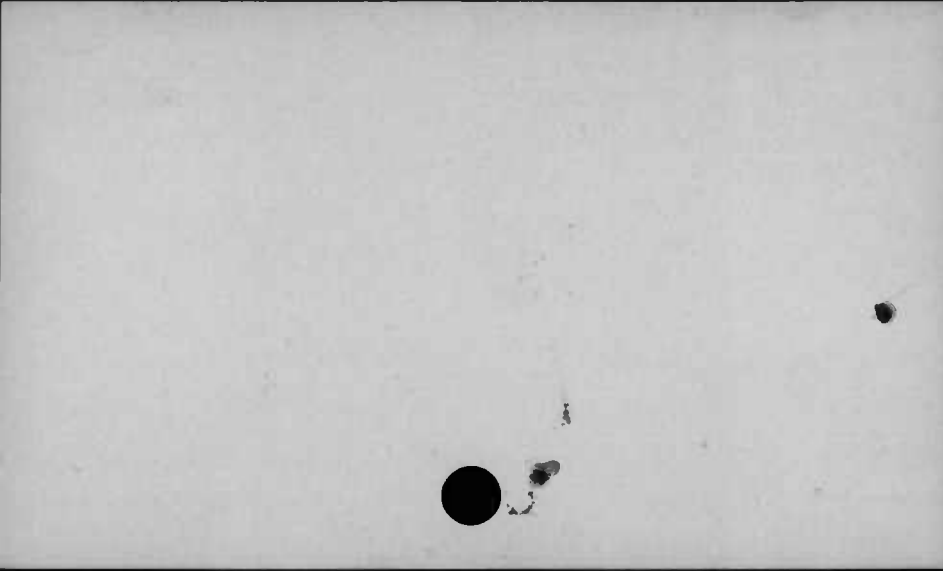
Husband of *Emmanuel Stenness*  
 Wife *Isabel Stenness*  
 Father's Name *Isabel Stenness* Mother's Name *Isabel Stenness*

Cause of Death { Primary *Pneumonia Pulmonalis* Immediate *Exhaustion* How long sick *6 wks* Accident, Suicide, Homicide

Reported by *D L A Griffith*

Address *Upper Marabow,*

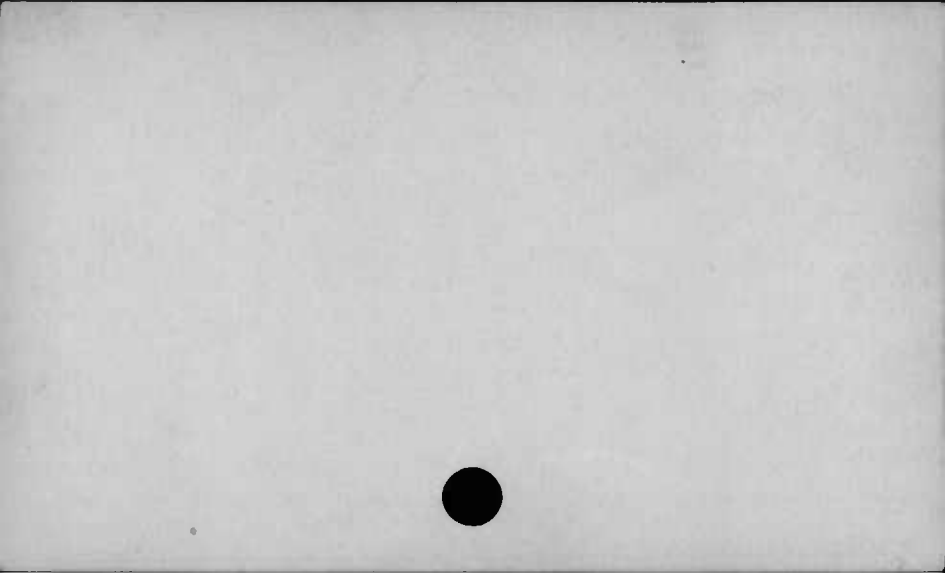
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



At Franconia Preston Talbert -  
 Died at Cheltenham <sup>Town</sup> Prince George <sup>County</sup> MARYLAND  
 Date 1902 Sept. 27 | Age 50 (?) | Y. M. D. | Native of Md. | Occupation Farmer & Merchant  
 Male White Married ~~Widower~~ ~~Divorced~~  
~~Female~~ ~~Single~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Martha G. Talbert -  
 Wife  
 Father's Name W. T. Talbert - Mother's Maiden Name Matilda Fowler.  
 Cause of Death { Primary Dysentery, Kick on abdomen by horse | How long sick 2 1/2 days.  
 { Immediate Peritonitis | 166 Accident, Suicide, Homicide

Reported by Thomas T. Searle M.D.  
 Address Cheltenham Prince George Co. Md.  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elizabeth Thomas

Town

Laurel

County

Prince Geo -

MARYLAND

Died at

Date 19

02

Month

Sept.

Day

27

Age

Y.

M.

D.

50 -

Native of

D. C.

Occupation

Housekeeper

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Frank Thomas

Wife

Father's

Name

Henry A Kaiser

Mother's

Maiden Name

Kraus

Cause of

Primary

Arriving 2 hours

How long sick

16 days

Death

Immediate

Exhaustion

112

Accident, Suicide, Homicide

Reported by

J. H. Breyer

Address

Laurel Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70000





Name  
in  
Full

Roxanna Tolson.

## CERTIFICATE OF DEATH

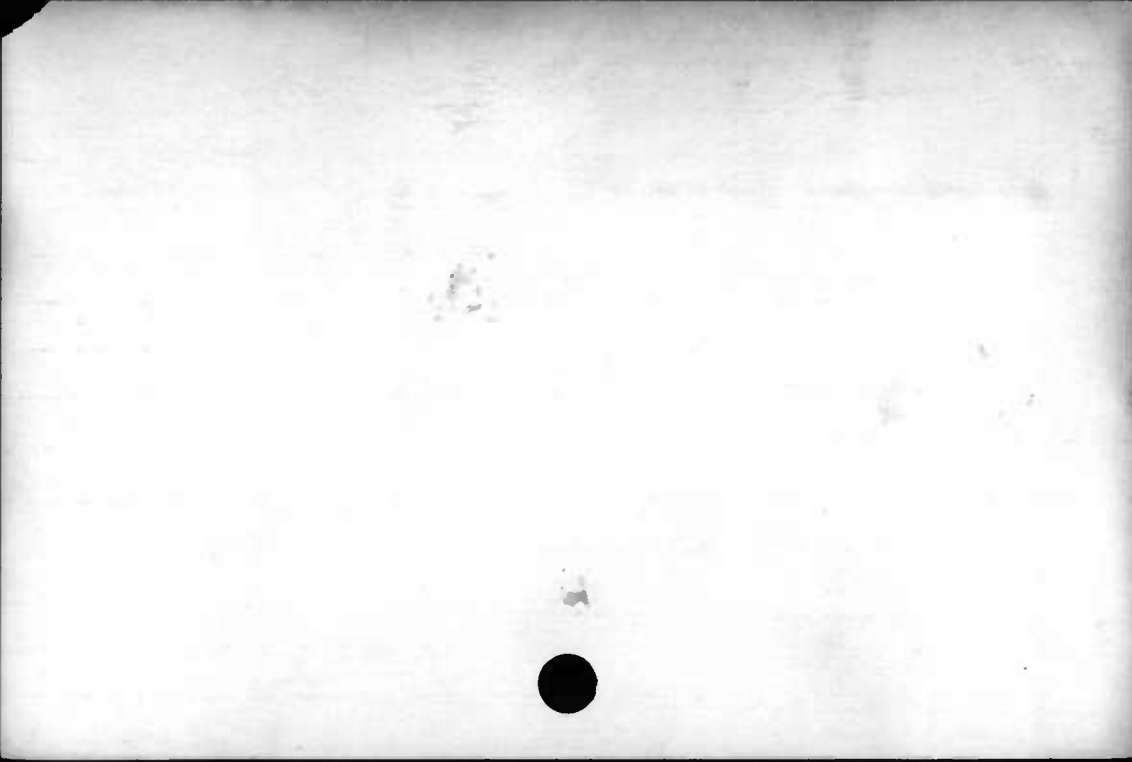
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westphalia</i> <small>Town</small>		<i>Prince Georges</i> <small>County</small>		MARYLAND	
Date of death 190 <i>2</i>	<i>9</i> <small>Month</small>	<i>21</i> <small>Day</small>	Age <i>69</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Prince Georges Co. Md</i>		
Married, Single or Widowed <i>Widow</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>William Tolson</i>					
Father's Name <i>George Sweet</i>			Father's Birthplace <i>Prince Georges Co. Md</i>		
Mother's Maiden Name <i>Kellie Fletcher</i>			Mother's Birthplace <i>Prince Georges Co. Md</i>		
Name of person giving information <i>Frank Tolson</i>			How related to deceased <i>son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cancer of Liver</i>	How long	<i>6 months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes.</i>		<i>Marsen D. Hummel, M.D.</i>	
		Address	
		<i>Upper Marlboro'</i>	
Accident or Suicide?		<i>Md.</i>	



John Oswald Turner

Town

County

Died at Westwood Prince Georges County. MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	9	27	Age	77	10	15	Maryland Farmer.
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband  
of  
Wife

Father's Name	Mother's Name
John Littlefield Turner	Martha Turner

Cause of Death	Primary	How long sick
Immediate	Paralysis of Brain	7 Months
	65	Accident, Suicide, Homicide

Reported by

M. R. Latimer, M.D.

Address

Orme, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

49<sup>10</sup>

44

Name in Full		Harry H. Warner				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death 1904		Month	Day	Years	Months	Days
		Sex		Color or Race		Birth-place		
		Married, <del>Single</del> or <del>Widowed</del>		Occupation				
		Name of Wife or Husband						
		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
Name of person giving information				How related to deceased				
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER		Primary		Gunshot wound		How long		
		Immediate		Cerebral Hemorrhage		How long		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
				Address				
		Accident or Suicide?						

Goldsmith  
1842

Name in Full

Certificate of Death

Died at

Date 1902

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

~~Not married~~ Lily Weber  
 Town Columbia Park County P. George

MARYLAND

Month Day

Y.

M.

D.

Native of

Occupation

Sept. 10

Age

-

-

6

Ind

Infant.

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

of

Mother's

Maiden Name

Rosa Bager

Primary

Convulsions

How long sick

26 hours.

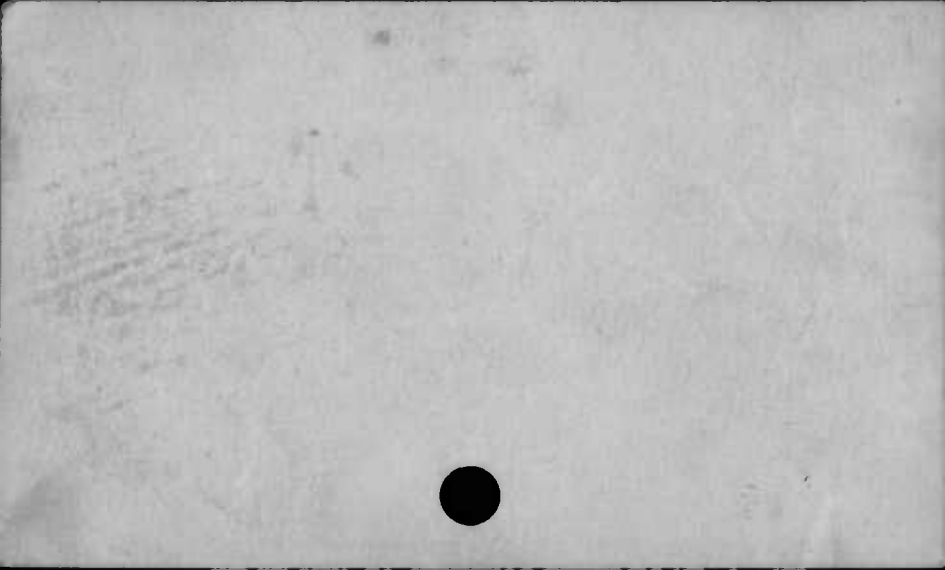
Immediate

Exhaustion

Accident, Suicide, Homicide

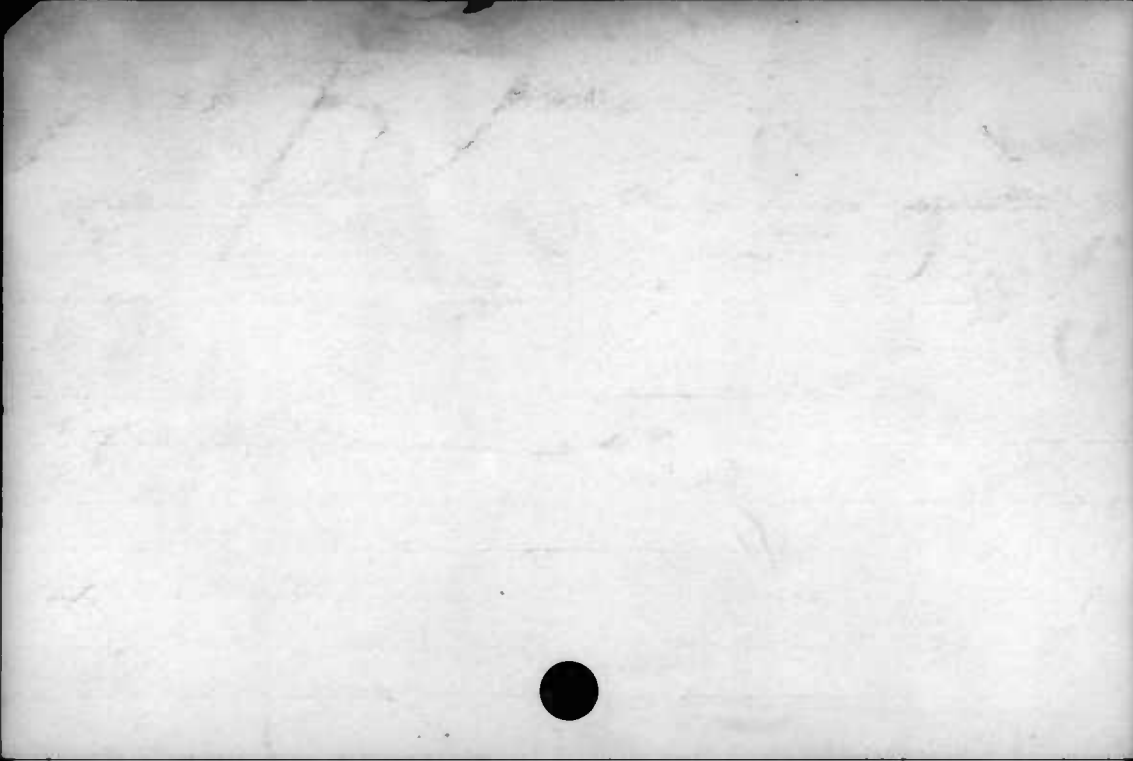
L. S. Savage M.D.

Benning D.C.





Name in Full <b>James Curtis Wells,</b>		CERTIFICATE OF DEATH	
Died at <b>Florusville</b> Town		<b>Pr Geo</b> County	
Date of death 190 <b>2</b> Month <b>sept</b> Day <b>13</b>		Age <b>—</b> Years Months <b>11</b> Days <b>—</b>	
Sex <b>male</b>		Color or Race <b>white</b>	
Married, Single or Widowed <b>—</b>		Occupation	
Name of Wife or Husband		Birthplace <b>Florusville</b>	
Father's Name <b>John A. Wells</b>		Father's Birthplace <b>A. A. Co Md</b>	
Mother's Maiden Name <b>Elizabeth</b>		Mother's Birthplace <b>Pr Geo Co</b>	
Name of person giving information <b>John A. Wells</b>		How related to deceased <b>Father</b>	
CAUSES OF DEATH			
Primary <b>Gastritis</b>		How long <b>Don't know</b>	
Immediate <b>Rx haemorrhages</b>		How long <b>Saw it - twice</b>	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>J. L. Griffith</b>	
		Address <b>upper Wareboro.</b>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

Dorsett Eugene Windsor  
Dorsettville Town Prince Georges County Maryland

MARYLAND

Died at Date of death 1902 Month Sept Day 9 Age 24 Years Months Days

Sex male Color or Race white Birth-place Md

Married, Single or Widowed Occupation Droring

Name of Wife or Husband Eva Windsor

Father's Name Dorsett Windsor Father's Birthplace Md

Mother's Maiden Name Ouster Porter Mother's Birthplace Md

Name of person giving information Eva Windsor How related to deceased Wife

## CAUSES OF DEATH

Primary Typhoid Fever How long six weeks

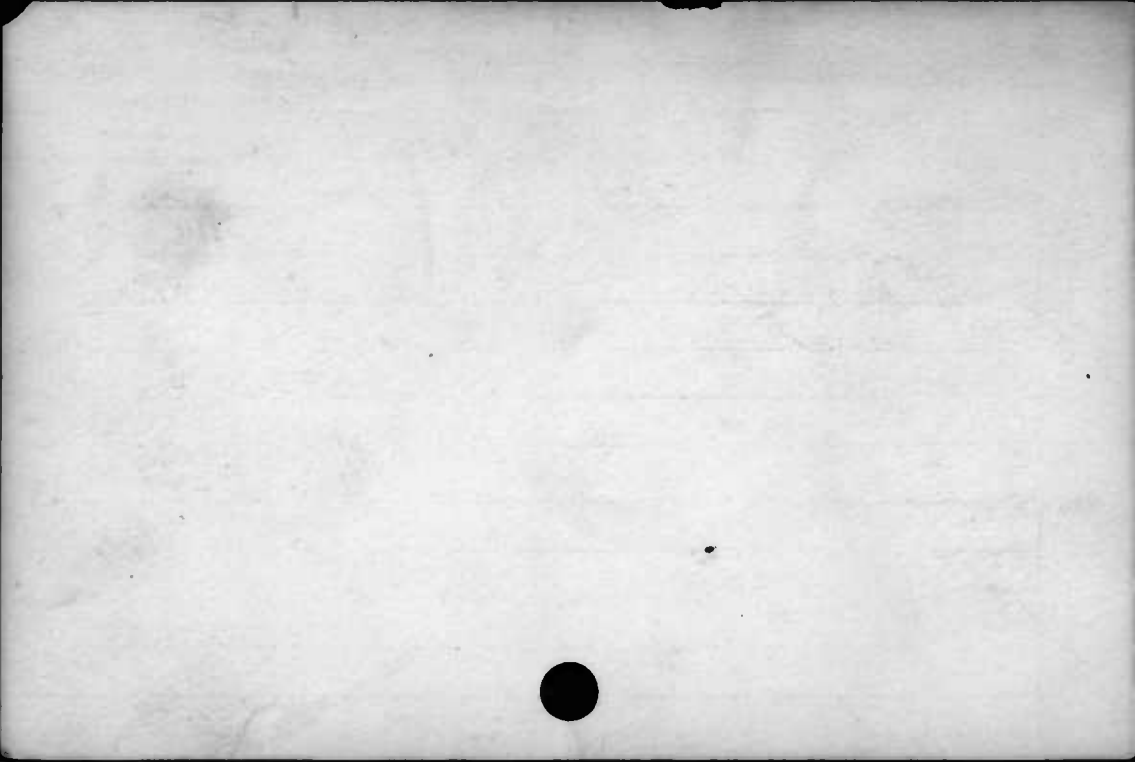
Immediate Typhoid Fever How long 24 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician John E. Samsbury

Address Dorsettville Md.

Accident or Suicide? No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

Mary Agnes Winsor  
 Town Crom County Pls Co

MARYLAND

Died at

Date 19 02 Month Sept Day 4 Age 23 Y. M. D. Native of Md Occupation  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name John L. Winsor Mother's Name Mary E. Winsor  
 Maiden Name

Cause of Death { Primary Consumption How long sick 4 years  
 Immediate Exhaustion  
 -Accident, Suicide, Homicide

Reported by

Address

W. F. Libberson MD  
 Crom Md -  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

